2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000094738

4783 RINGWOOD MEADOW

SARASOTA, FL 34235

Address: City-St-Zip: FILED Jan 08, 2009 Secretary of State

Entity Name: FLORIDA NATIVE PLANTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 730 MYAKKA ROAD SARASOTA, FL 34240 **Current Mailing Address: New Mailing Address:** 730 MYAKKA ROAD SARASOTA, FL 34240 FEI Number: 65-0638867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KUNKEL, JANICE I SCHILLER, LAUREL 730 MYAKKA ROAD 730 MYAKKA ROAD SARASOTA, FL 34240 SARASOTA, FL 34240 US US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: LAUREL SCHILLER 01/08/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition WALTON, DANIEL C Name: Name: 2564 COLORADO STREET Address: Address: City-St-Zip: SARASOTA, FL 34237 City-St-Zip: Title: PD Title: () Change () Addition () Delete Name: SCHILLER, LAUREL Name: 405 ARMADA RD. S Address: Address: VENICE, FL 34285 City-St-Zip: City-St-Zip: Title: Title: TSD (X) Delete () Change () Addition KUNKEL, JANICE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LAUREL SCHILLER PD 01/08/2009